

1.) CORPORATION NAME:

DUE DATE: **12/31/2011**

**ROCKY MOUNTAIN ELK FOUNDATION, INC.**

SCC ID NO: **F1126350**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5705 GRANT CREEK RD

CITY/ST/ZIP: MISSOULA, MT 59808-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: M DAVID ALLEN  
TITLE: PRES/CEO  
ADDRESS: 5705 GRANT CREEK RD  
CITY/ST/ZIP/CO: MISSOULA, MT 59808-

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OFFICER

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DIRECTOR

NAME: RODNEY TRIEPKE  
TITLE: SEC/COO  
ADDRESS: 5705 GRANT CREEK RD  
CITY/ST/ZIP/CO: MISSOULA, MT 59808-

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OFFICER

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DIRECTOR

NAME: LORI PARKER  
TITLE: TREAS/CFO  
ADDRESS: 5705 GRANT CREEK RD  
CITY/ST/ZIP/CO: MISSOULA, MT 59808-

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OFFICER

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DIRECTOR

NAME: FRED BRYANT  
TITLE: DIRECTOR  
ADDRESS: CKWRI CAMPUS BOX 218  
CITY/ST/ZIP/CO: KINGSVILLE, TX 78363-

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OFFICER

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DIRECTOR

NAME: JOHN CAID  
TITLE: DIRECTOR  
ADDRESS: PO BOX 220  
CITY/ST/ZIP/CO: WHITERIVER, AZ 85941-

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OFFICER

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DIRECTOR

NAME:	DON COOK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	243 ROAD 147		
CITY/ST/ZIP/CO:	EMPORIA, KS 66801-		
NAME:	CHARLIE DECKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	160 HAMMER CUTOFF ROAD		
CITY/ST/ZIP/CO:	LIBBY, MT 59923-		
NAME:	LARRY DEVIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	65657 550TH ST		
CITY/ST/ZIP/CO:	GRISWOLD, IA 51535-		
NAME:	MICHAEL FLORES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10625 BIRCH RANCH DR		
CITY/ST/ZIP/CO:	SACRAMENTO, CA 95830-		
NAME:	SWEDE FRENCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	29638 SE WEITZ LANE		
CITY/ST/ZIP/CO:	EAGLE CREEK, OR 97022-		
NAME:	LEE GAMBLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	118 COURT AVE., STE 2		
CITY/ST/ZIP/CO:	SEVIERVILLE, TN 37862-		
NAME:	GEORGE MCCOY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1724 SALINAS DR		
CITY/ST/ZIP/CO:	LAS CRUCES, NM 88011-		
NAME:	BOB MUNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16724 20TH AVE W		
CITY/ST/ZIP/CO:	LYNNWOOD, WA 98087-		
NAME:	BILL L OLSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1706 W SAM HOUSTON PKWY N		
CITY/ST/ZIP/CO:	HOUSTON, TX 77043-		
NAME:	LINDA POWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5924 HIGHLAND GROVE DR		
CITY/ST/ZIP/CO:	SUMMERFIELD, NC 27358-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOU PRUSINOVSKI DIRECTOR 3481 FOOTBRIDGE COURT REDDING, CA 96003-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHUCK ROADY DIRECTOR 949 HILLCREST RD BONNERS FERRY, ID 83805-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROB SPRINGER DIRECTOR PO BOX 1648 EATON PARK, FL 33840-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE SWANSON DIRECTOR 5303 COUNTY HWY KP CROSS PLAINS, WI 53528-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK TOLAR DIRECTOR 202 S CHARLTON WOODVILLE, TX 75979-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH WARD DIRECTOR 3015 PAXSON STREET MISSOULA, MT 59801-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENDA WILSON DIRECTOR 38 ROLLING HILLS DRIVE CODY, WY 82414-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA MCCORMICK DIRECTOR 7900 69TH AVE ROCKFORD, MN 55373-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS RADOCHA DIRECTOR 16595 HORSESHOE BEND RD BOISE, ID 83703-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ LORI PARKER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LORI PARKER, TREAS/CFO PRINTED NAME AND CORPORATE TITLE	11/23/2011 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		